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LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

CONTENTS.

EDITORIAL— PAGE.
The New Pharmacy Bill, ... 13
ORIGINAL—
Infantile Paralysis from a Surgical Point of View. By Ap. Morgan Vance, M.D., ... 15
CLINICAL LECTURES—
Two Tumors Involving the Lymphatic Glands of the Neck. By S. W. Gross, M.D., ... 17
MEDICAL SOCIETIES—
Mitchell (Indiana) District Medical Society, ... 18
BOOKS AND PAMPHLETS, ... 19
FORMULARY, ... 19
MISCELLANY—
The Sixteen Commandments of the Paris Academy of Medicine, ... 20
MISCELLANY (Continued)— PAGE.
Relative Mortality among White and Colored Races, 20
Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service. October 1, 1881, to December 31, 1881, . 21
Ear of Corn Discharged through the Chest, ... 21
Hysteria, ... 21
SELECTIONS—
Lead-poisoning, ... 22
Gastrostomy for Cancer, ... 23
Operation in Cases of Diseased Joints where Phthisical Symptoms Exist, ... 23
Poisoning by Iodoform, ... 24
Treatment of Post-partum Hemorrhage, ... 24

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

Vol. XIII. LOUISVILLE, JANUARY 14, 1882. No. 2.

J. W. HOLLAND, A. M., M. D., ... } Editors.
H. A. COTTELL, M.D., ... }

TO THE PERSON RECEIVING THIS COPY AS A SPECIMEN.

The NEWS enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

THE NEW PHARMACY BILL.

Brief mention was made several weeks ago of the proposed pharmacy amendments before the Kentucky Legislature. These have encountered opposition from persons disposed to give ill repute and blame in a case where we can see nothing but enlightened public spirit. Considerable space is needed and shall herewith be given to answer the arguments that have been brought to bear against the pharmacy law.

First: It has been asserted that the law is restrictive, favoring a certain class of the community as against another, and particularly that it interferes with the free development of pharmacy considered as a trade.

This argument may be met by the fact that the law of Kentucky as it now stands, and as it is proposed to be amended, in no way interferes with pharmacists who are in business upon their own account at the date of its passage; and that even assistants in pharmacy who have been five years or more in business at the date of its passage are qualified for registration without examination.

It is conceded that in a certain sense the law will operate restrictively, because it contemplates (or requires) that pharmacists desiring to go into business upon their own account *hereafter* shall be examined; that all assistants less than five years in the business at its passage shall be examined; and that no one is qualified for examination until he has been three years or more in business. But this is no greater hardship than that the physician shall pass an examination before he is allowed to practice; that the lawyer shall qualify before he is admitted to the bar; or that the pilot shall show evidence of competency before he can take charge of a vessel.

Second: It is alleged that it was created in the interest of the Louisville College of Pharmacy.

It is difficult to understand in what respect the pharmacy law should operate directly in the interest of the Louisville College of Pharmacy, inasmuch as there is not the slightest provision in the law that discriminates in favor of that institution. It is true that, being an incorporated college of pharmacy, its graduates are not required to submit to an examination, but in this respect it is only placed on an equal footing with, let us say, the California College of Pharmacy; and it would certainly be considered preposterous to claim that the pharmacy law of Kentucky was created in the interest of the latter institution. It is true also that the very fact of an examination being exacted may now and then induce a young man to take advantage of the educational facilities offered by the Louisville College of Pharmacy; but such are just as likely to take advantage of the proximity

of the Cincinnati College, or they may even prefer to pursue their studies in one of the eastern colleges of pharmacy. Moreover, the Louisville College, in common with all the others, requires an experience of four years before admitting its students to examination, while three years only are required by the pharmacy law. As a consequence some young men prefer the certificate of the Board of Pharmacy to the more tedious attempt to secure the diploma of the College of Pharmacy.

Third: It is argued that the Louisville College of Pharmacy has been granted undue powers in that it has the prerogative to nominate a majority of the members of the Board of Pharmacy.

This really should go to the credit of the framers of the law; for if not the Louisville College of Pharmacy, who should have named the pharmacists qualified to inquire into the competency of applicants for registration? At the time of the passage of the law the Louisville College of Pharmacy was the only *incorporated* society of pharmacists in Kentucky, which indeed it remains to the present day, although steps are being taken to incorporate the Kentucky Pharmaceutical Association, with a view, among others, to making it eligible to nominate a majority of the Board of Pharmacy, the Louisville College of Pharmacy being satisfied with a minority. In fact, the Louisville College of Pharmacy, being the only representative body of pharmacists in the State, has hitherto been the only competent body to name the members of the Board of Pharmacy, unless it is claimed that such nominations should be made by others than pharmacists, which would be preposterous.

Fourth: It is further charged that the Board of Pharmacy has undue control of the moneys received as fees for registration, and that its members derive an improper revenue from this source.

As far as concerns the control of the moneys received by the board, this might be made more stringent if the sums so received were at all important. The truth is, that under the present law these sums are insufficient to meet the ordinary expenses of the board. This board has been in existence since May, 1874, a period of over seven and a half years. The total receipts of the board to January 1, 1882, have been $3,316. It has annually held two general meetings, to which often the majority of its members had to come from a distance, and its examining committee composed of three members had met monthly during the greater part of that period. Simple calculation will show that to meet the expenses of these meetings, as well as for stationery, postage, certificates of registration, etc., the Board of Pharmacy had the control of $442.13 annually; a sum which, even if it were divided among the seven members of the board, and there were no expenses, could certainly not be claimed to be a "bonanza." The "improper revenue" argument requires therefore no further refutation.

Lastly: It has been held that the fee of one dollar for annual re-registration is extortionate or unnecessary.

Section five of the present law very properly provides that "it shall be the duty of the registrar to duly note the fact against the name of any registered pharmacist or assistant pharmacist who may have died or removed from the State, or disposed of or relinquished his business, and to make all necessary alterations in the location of persons registered under this act." The performance of this duty is only possible if the registrar is in constant communication with the persons registered under the act, and this is best accomplished by requiring annual registration. Under all circumstances, however, the performance of this duty is coupled with much labor as well as with direct expense, and a reasonable revenue should therefore be provided to meet such expenses.

It has been shown under the fourth clause that the average annual receipts of the Board of Pharmacy were in the neighborhood of four hundred and fifty dollars, a sum totally inadequate to defray the expenses incident

to the proper execution of the law; but this by no means represents the average receipts of the last few years, for the simple reason that after the first year the applicants for registration were only those that entered newly into business, or that wished to qualify as assistants. For this reason also during the first years of the existence of the board there was a large surplus in the treasury which was drained by the following meager years. Precisely the same condition will again prevail if the law is made general, unless a permanent revenue is provided by imposing annually a small re-registration fee. The latter is not extortionate if kept within the sum proposed; nor is it unnecessary.

In fine: It assures a positive annual revenue necessary to the execution of the law; it is possible only by this measure to keep a correct register of registered persons in the State; and it is proper to charge for issuing an annual certificate or license.

Original.

INFANTILE PARALYSIS FROM A SURGICAL POINT OF VIEW.

BY AP. MORGAN VANCE, M.D.,

Late Interne of Hospital for Ruptured and Crippled, New York; Orthopedic Surgeon to Kentucky Infirmary for Women and Children.

The excellent article on this form of paralysis, by Prof. J. W. Holland, in your issue of December 24, 1881, suggests the propriety of a few remarks upon the orthopedist's share in the treatment of these unfortunates. They usually do not come under his observation until some deformity has taken place. If seen earlier, his aim should be to prevent deformity by the simplest means at his command till time develops what improvement may take place spontaneously or from the active treatment by electricity, bathing, massage, etc.; i. e. what will be the final muscular deficiency to be compensated for by some mechanical support.

I have found that if the stronger muscles, which soon begin to show their ascendancy over the weaker ones, be stretched daily by manipulation, deformity can be prevented during this stage of the treatment.

When the maximum degree of benefit has been obtained from the treatment used for the reviving of the paralyzed muscles, it is time to commence the use of some apparatus which will enable the patient to walk with less awkwardness and discomfort and prevent deformity. In many cases the application of some support is necessary before they are able to walk at all, especially in cases of paraplegia, where the most active treatment has resulted in the restoration of only a very limited number of muscles. In many instances paraplegia remains complete despite all treatment. In these latter cases, where there is no voluntary power to aid in locomotion, it is in my opinion entirely useless to attempt any thing in the way of mechanical support. There is no danger of any great deformity, for where there are no muscles left unparalyzed this does not take place, and the apparatus would only hamper the child and increase his misery with no chance of any benefit. Case III will illustrate, however, what can be accomplished in what would appear entirely hopeless cases of this kind. After the application of the proper apparel, the former treatment directed to the recovery of the weakened muscles must not of course be discontinued, but the effort must be made to develop what muscles remain, and thus as far as possible make them do the work of all. After the deformity has taken place the surgeon's attention is needed in overcoming this and adjusting some permanent support to prevent its recurrence. I say permanent, because only a small per cent of cases can do without support of some kind.

In the slighter forms of talipes the result of a loss of power in a few muscles, after the deformity has been relieved, the wearing of a special shoe during the day and some light apparatus at night may prevent recurrence. In a few instances the paralysis is so evenly distributed between the flexors and extensors that the patient can get about very well, with little danger of deformity occurring, if manipulation is attended to. These cases I advise to do without the apparatus.

Tenotomy is the greatest aid we have in overcoming the deformities resulting from this disease, and it is wonderful with what ease and rapidity the greatest deformity can by its aid be relieved.

The deformities are so varied that it would be impossible to give any very definite idea of the different forms of apparel needed for their prevention and cure in a short paper

like this without cuts. The report of a few cases illustrating what can be done toward relieving this class of patients may be of some interest.

CASE I: *Marked Talipes Equino-varus from Paralysis.* On March 20, 1881, E. M., aged twenty years, was referred to me by Dr. Cannon, of New Albany, Ind., for special treatment. Upon examination I found this young lady's right foot in complete equino-varus, with an immense bursa upon outer side at junction of tarsal with metatarsal bones. There was great atrophy of the whole limb, the tendo Achillis was very short and unyielding, and the foot was cold and had a blue appearance. The parents gave a history of infantile paralysis occurring at two and a half years of age. Both limbs were at first affected, the left recovering almost entirely, a slight "pigeon-toe" only remaining upon this side; while the right foot and limb never grew well, as they expressed it, and gradually the foot assumed the malposition in which I found it. She could walk only a short distance, the bursa being very tender. The varus could be considerably overcome by manipulation when the foot would be in complete equinus. The tendo Achillis was divided subcutaneously, and correcting force applied immediately by a very simple apparatus consisting of a sole-plate of sheet steel and a leather heel-cup with instep-strap attached. To this plate was riveted a steel spring with band at calf, arranged with joint at ankle to regulate the angle between foot and leg. This apparatus was removed daily and a little more force added each time. At the end of three weeks the deformity was about overcome, and the patient was for the first time permitted to walk, which she did very well, complaining only that her foot felt very soft on the bottom. The patient was relieved of a great deformity and made much happier and a much more useful member of the household, although she will have to wear some light retentive apparatus to take the place of the paralyzed muscles, the loss of function in which was the cause of the deformity. A light sole-leather boot molded to the foot, after being soaked in hot water, and when dry and hard, laced up the front, I have found to be a very comfortable and efficient final dressing. This boot can be entirely hidden by the stocking and worn inside the ordinary shoe.

CASE II: *Deformity of Right Lower Extremity from Paralysis.* On June 10, 1881, M. H., aged fifteen years, came to my clinic at the Kentucky Infirmary for Women and Children. She walked in by the aid of two crutches. She stood upon the left limb, the right foot not touching the floor. On closer examination the trouble was found to be the result of paralysis of the anterior thigh-muscles. The leg was flexed at almost a right angle, extension beyond this point being resisted by contraction of the hamstrings. She could flex the leg, but had no power of extending it. There was rotation of the tibia and some dislocation backward. The external hamstring was the shorter. The girl's person was much deformed from her having attempted to walk by placing both hands on the right knee. Tenotomy of both hamstring tendons was done, and a simple splint applied consisting of a thigh-and-calf band well padded connected by a rod of steel on either side. A roller bandage over the knee was used to make the correcting force. This was removed and reapplied twice daily until at the end of two weeks the limb was almost straight and the girl could walk very fairly. The suffering during this time was comparatively slight, anodynes being required only two or three times. At the end of six weeks the patient was permitted to return home. She can not walk long distances without the aid of a cane or crutches, a light splint of leather being worn to protect the joint and enable her to walk with more confidence. The joint is much stiffened since its change of position, which is an advantage, since there is no power of extension. The figure has improved greatly since she began walking.

CASE III: *Infantile Paralysis of both Lower Extremities almost complete.* On July 20, 1881, J. B., aged seven, was admitted to the Infirmary, his mother giving this history: Was walking at ten months. Had a fever, followed by convulsions, which left him powerless from the waist down. Has never been able to walk since. I found it to be one of of those forlorn cases of infantile paralysis where just enough muscles were left to produce deformity. The left foot was in slight equinus, the right in colemius, while the external hamstrings on either side were shortened so that both legs were flexed almost at right angles. When the boy was placed on his back with his limbs in abduction he had not power enough to move them in any direction. His mode of locomotion was peculiar. He would lie on his breast and reach ahead for some object, drawing himself forward. All in all it was a very sad case; but the boy was so bright and full of determi-

nation that it was decided to try what could be done for his relief. A pair of what we will call long springs were made for him. These consisted of soles, plates, and heels, cups of sheet steel fitted to feet, with springs attached on either side of ankle, ascending to crotch, and arranged with limited joints to control the position of feet. The springs were connected by well-padded bands at top and at calf, a roller bandage being used over knee to make correcting force in overcoming the deformity, at the same time fastening the splint to the limb more securely. The external hamstrings on either side were tenotomized and the limbs were adjusted in the splint, moderate force being at once applied to overcome the angle at knees. Within a week the limbs were nearly straight. Ordinary shoes were put on over the splints, and the boy attempted to stand up and walk by the aid of chairs and around the wall. He improved very fast, and at the end of five or six weeks he returned home, and is now able to walk to and from school by the aid of a cane or by holding to some one's hand.

LOUISVILLE.

Clinical Lectures.

TWO TUMORS INVOLVING THE LYMPHATIC GLANDS OF THE NECK—LYMPHOMA AND SARCOMA.

BY S. W. GROSS, M.D.

Professor, etc., Jefferson College Hospital.

Gentlemen: The first of the two cases involving the lymphatic glands of the neck which I shall present to you is that of William F., aged forty years, admitted to the hospital one month ago, and whose history is somewhat as follows: About one month ago he first noticed a swelling upon the right side of the neck. Since then it has increased in size at irregular intervals with the varying condition of the atmosphere, having a tendency to swell rapidly in damp weather, and apparently remaining stationary during dry states of the atmosphere. His family history is good, there being no evidence of the existence of pulmonary or scrofulous disease, and he denies ever having had syphilis.

You will observe upon the right side of the neck a tumor which rolls about easily under the fingers, thus showing that it is not adherent to the deeper seated structures. The mass is soft; it is glandular, and is composed of the superficial lymphatic glands of the neck, which are placed along the course of the external jugular vein and rest down upon the posterior margin of the sterno-cleido mastoideus muscle. There is also detected, by running the hand well down into the supra-clavicular region of the right side, a solitary enlarged gland. On turning the head and looking upon the left side of the neck the corresponding glands are seen to be similarly affected, They are also soft and movable, but the enlargement is as yet only slight. Such tumors are called lymphomas, and for the reason that they are composed mainly of enlarged lymphatic glands.

The growth of the lymphoma is simple. The lymphatic glands, as you know, are contained in a capsule of fibrous tissue, and made up of a delicate, reticulate network of vascular and fibrous stroma and filled with lymph cells. In disease these numerous lymph cells, which are in the interstices of this delicate stroma, proliferate rapidly by division or endogenous germination and force the gland to enlarge.

Lymphomatous tumors may arise from a variety of causes. They may be due to a strumous condition of the constitution which has been inherited. From this cause a lymphoma usually makes its appearance about the age of puberty, and is most frequent in very delicate constitutions. A frail, delicate boy or girl, with a thin, pale skin, light hair and complexion, is predisposed to lymphatic enlargements. It is among these children that a few years later you will most frequently find scrofulous lymphoma. Again, lymphoma very frequently occurs in subjects where the white blood-corpuscles are in excess—in persons suffering from leucocythemia. When lymphatic glands become enlarged from the increase in number of the white blood-corpuscles, there is apt to be enlargement of internal glandular organs—the spleen, the liver, and the kidneys.

Lymphoma may also arise as the result of long-continued irritation, as from a carious tooth. Then there is the simple or ordinary lymphoma which arises from an unassignable cause. Why the lymphatic gland should enlarge in these cases we can not tell, we simply know that these glands are hypertrophied and that is all. We simply know that the lymphatic cells and fibrous stroma go on rapidly increasing, but for what reason we are unable to say. In cases where the lymphatic cells preponderate or are developed more rapidly than the fibrous stroma in which they are lodged, we get a soft, fluctuating tumor which is malignant in character. In these tumors we find that the glands all around are enlarged, and that there are apt to be secondary deposits in the lungs, bones, connective tissue, and the like.

Treatment.—Upon admission this man was placed upon a general-tonic plan of treatment, of the tincture of the chloride of iron and quinia, with good diet and open-air exercise. He was also given Fowler's solution, beginning with five-drop doses and regularly increasing the amount until the toxic effect, as evidenced by swelling of the eyelids and vomiting, was produced. German writers have great faith in arsenic when pushed to its limit, and particularly so in the malignant forms of lymphoma; but little was accomplished, however, in this case until one week ago, when the local application of the following ointment was made:

℞ Iodoformi..... ℥jss; 6.00 Gm.;
Extracti belladonnæ ... } ää ℥ij; 8.00 Gm.;
Balsami peruviani..... }
Ung. petrolei, q. s. ad..... ℥ij; 60.00 Gm.
Fiat in unguent.

The effect of the daily use of this ointment was most striking. In three days the tumor had diminished one third in size, and today, one week from the time the ointment was first rubbed to the surface of the tumor, it is less than one half its original size.

The application of this ointment will be continued, and in addition the hypodermic injection into the substance of the gland of five minims of Fowler's solution daily will be advised. The progress of this case will be watched with interest on account of the marked effect of the ointment employed.

The second tumor which I shall show you today, involving the lymphatic glands of the neck, occurs in this young man, James F., from Reading, Pa., a hatter by trade, single, and twenty years of age. His history is as follows: About seven months ago the appearance of a small tumor upon the left side of the neck was first noticed. At this time the tumor was about the size of a chestnut, and there was very little pain at the seat of the growth. He tells us, however, that about two months prior to the appearance of the tumor there was great pain upon the right side of the face and forehead; that this pain came immediately after a number of very profuse hemorrhages from the nose, and that it continued severe long after the appearance of the tumor upon the left side of the neck. The size of the gland has gradually increased, till at present it is equal to that of a small orange. The redness visible over the surface of the tumor appeared two months ago, and was produced, the patient states, by the application of a plaster. This redness, however, has increased rather than diminished since its first appearance, so that the plaster would seem to have had very little to do with the discoloration. The pain in the tumor, which was only slight at first, has of late increased very much, and is at present so severe as frequently to prevent his sleeping at all during the night. There is also history of night-pains in the limbs and joints, but no history of specific disease. He has lost about twenty pounds in weight during the last six months, and his appetite is continuously poor. The hearing upon the left side is also much impaired.

Upon examination we find a hemispherical tumor, nodulated in appearance, and located to the left side of the posterior median line of the neck and extending forward in such a manner as to encroach upon the posterior portion of the anterior triangle of the neck. It is of firm, dense, consistence, and apparently movable; this movability is only apparent, however. The tumor is not circumscribed, can not be picked up as in the other case, but is in reality firmly attached to all the surrounding tissues.

We have a number of distinct types of glandular lymphatic tumors, even the bony structures are not exempt, and the character of the one now before us is entirely different from that of the one which has just left the room. This one is a sarcoma. I know it to be sarcoma from the mode of its growth, its intimate connections, the character of the pain, and the like.

It would never do to remove this tumor, and why? From the natural history of such growths we know that they are made up mainly of connective tissue and endothelial cells. That these cells of connective-tissue type go on multiplying and developing themselves rapidly; that they advance from one structure to another through the smaller vessels, thus invading and infiltrating the surrounding parts. The veins of the neck, the nerves in connection with the chain of the brachial plexus, together with the intermediate structures, are so closely adherent and all infiltrated with disease to such an extent that the condition is utterly irremedial. Remember now that this man had characteristic pains upon the right side of the face and forehead accompanied by ptosis prior to the occurrence of the glandular enlargement upon the opposite side of the neck, and it would seem to me to be a sympathetic growth accompanied by a similar one in the brain. I believe the post-mortem, which must soon be made, will verify this prediction.—*Med. and Surg. Reporter.*

Medical Societies.

MITCHELL (INDIANA) DISTRICT MEDICAL SOCIETY.

The Twenty-fourth Semi-annual meeting of the Mitchell (Ind.) District Medical Society met at New Albany, Ind., December 28 and 29, 1881. G. W. Burton, M.D., of Mitchell, President, and C. E. Laughlin, M.D., of Orleans, Secretary.

After reading the minutes of the previous meeting and transacting the business of the society, the following subjects were presented for discussion:

The State Board of Health recently issued a circular that no pupil should be admitted to the public schools without a certificate signed by a physician that the child had been successfully vaccinated. What does the board consider a successful vaccination? Does the rule contemplate revaccination? Can this rule be so enforced as to accomplish the objects of the board? were questions asked and generally discussed.

A paper was read by N. Field, M.D., of Jeffersonville, on The Brain and its Relations to Insanity, presenting an argument against the existence of insanity except as a symptom of organic or functional disease of the brain, and deprecating the readiness of medical experts to testify to the insanity of persons charged with committing the gravest offenses. He contended very earnestly that when a person is crazy he is crazy, and that the many so-called forms of insanity, such as monomania, kleptomania, and various other manias were forms of depravity which could not be classed as insanity. Dr. Field's address was listened to with marked attention.

R. S. Rutherford, M.D., of Galena, reported an interesting case of intestinal obstruction.

Thad. M. Stevens, M.D., of Indianapolis, secretary of the State Board of Health, read a paper entitled A Practical Basis for a Bill to Regulate the Practice of Medicine in Indiana, which elicited a very spirited discussion.

"Backache," a practical and pointed paper by L. S. Oppenheimer, M.D., of Seymour, was next read and discussed.

At the evening session, which was public, Prof. E. R. Palmer, M.D., of Louisville, and Thad. M. Stevens, M.D., of Indianapolis, addressed the audience. Dr. Palmer's subject was Medicine as a Science. The address consumed about three quarters of an hour, and was well suited to the entertainment and instruction of a popular audience. Dr. Stephens spoke of sanitation, explaining the object and workings of the State Board of Health. His remarks were timely and well received.

Thursday's morning session opened with a paper by W. H. Lopp, M.D., of Columbus, on Hemorrhoids, advocating their treatment by ligature.

T. S. Galbraith, M.D., of Seymour, read a paper on Displacements of the Uterus, urging that when

opportunity offers they should be treated during the few months subsequent to delivery, claiming that they may then be permanently cured. He reported several cases supporting his views.

G. L. Orvis, M.D., of Seymour, presented a paper on The Cause of Fever, relating some original investigations and experiments which were sufficient to fix in his mind the belief that an excess of carbonic acid in the system is the cause of fever, and that malaria is a myth. The discussion upon this paper was quite interesting and spirited.

R. A. Vance, M.D., of Cincinnati, addressed the society on Diseases of the Knee-joint and the Dangers of Incurring Suits for Malpractice in the Treatment of them. His address was very instructive and replete with good points, especially his suggestions as to how unjust suits for malpractice can be obviated.

Puerperal Septicemia, a paper by S. H. Charlton, M.D., of Seymour, embodied the results of many years of observation and study.

The society adjourned to meet at Mitchell, Ind., the third Tuesday in June, 1882.

After adjournment, and on invitation of the profession in New Albany, the members visited the glass-works and other places of note in the city.

Books and Pamphlets.

LUMBO-COLOTOMY IN THE NEW-BORN FOR THE RELIEF OF IMPERFORATE RECTUM. By William A. Byrd, M.D., Quincy, Ill. Reprint.

TWELFTH ANNUAL REPORT OF THE MANHATTAN EYE AND EAR HOSPITAL, NEW YORK, No. 103 Park Avenue, southeast cor. Forty-first Street.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF KANSAS AT ITS FIFTEENTH ANNUAL SESSION, WITH CONSTITUTION, BY-LAWS, AND CODE OF ETHICS. Atchison, Kas., 1881.

A POCKET-BOOK OF PHYSICAL DIAGNOSIS FOR THE STUDENT AND PHYSICIAN. By Dr. Edw. T. Bruen, Physician to the Philadelphia Hospital, etc. Philadelphia: Presley Blakiston. 1881. Price, $2.50.

NERVOUS DISEASES, THEIR DESCRIPTION AND TREATMENT: A Manual for Students and Practitioners of Medicine. By Allan McLane Hamilton, M.D., etc. Second edition, revised and enlarged, with seventy-two illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881.

THE OPIUM-HABIT AND ALCOHOLISM: A Treatise on the Habits of Opium and its Compounds, Alcohol, Chloral, Chloroform, Bromide of Potassium, and Cannabis Indica, including their Therapeutical Indications, with Suggestions for Treatment. By Dr. Fred. Heman Hubbard. New York: A. S. Barnes & Co., publishers. 1881.

ROCKY MOUNTAIN MEDICAL TIMES: A Monthly Journal of Medical, Surgical, and Obstetrical Science. Edited by Thomas H. Hawkins, M.D., and F. A. E. Disney, M.D. Vol. I, No. 1, January, 1882.

Though the title-page leads us to look for a novice, it comes to the footlights and makes its initial bow with all the dignity and grace of an old stager. We give it welcome and wish it a prosperous career.

Formulary.

IODINE IN CROUPOUS PNEUMONIA.

Schwartz (*Deutsche Med. Wochen.;* London Med. Record) believes iodine to be a specific in croupous pneumonia. If given during the first twenty-four or thirty-six hours from the onset of the initial rigor, it will arrest the further progress of the disease. Ten cases are recorded in which under this remedy the crisis occurred before the end of the second stage, and in one case at the end of the first day. The following are the formulæ adopted by Schwartz:

Tinct. iodine.....	gtt. v;	0.33 fl.Gm.;
Water.....	℥ iv;	120.00 fl.Gm.

One tablespoonful hourly.

Iodide of potassium.....	gr. xxij;	1.45 Gm.;
Simple syrup.....	fl.℥ j;	30.00 fl.Gm.;
Water	fl.℥ iv;	120.00 fl.Gm.

One tablespoonful hourly.

NERVINE AND ANTI-SPASMODIC.

℞ Potassii bromidi.....	gr. x;	00.66 Gm.;
Tinct. conii.....	gtt. xxx;	2.00 fl.Gm.;
Tinct. val. ammoniæ...	gtt. xx;	1.33 fl.Gm.;
Aquæ camph.....	℥ j;	30.00 fl.Gm.

M. A favorite prescription in the Hospital of Chest Diseases, London. It is useful in epilepsy, dysmenorrhea, chorea, hysteria, and the like.—*Medical Summary.*

MIXTURE OF IRON AND POTASSIUM CHLORATE.

Chlorate potassium.....	℥ ss;	2.00 Gm.;
Tinct. chloride iron.....	℥ j;	4.00 fl.Gm.;
Water, q. s. to make.....	℥ j;	30.00 fl.Gm.

Dose, one teaspoonful.—*The Druggist.*

FOR PRURITUS VULVÆ, a most rebellious affection, Dr. E. Besnier finds the following ointment most efficacious:

℞ Ung. diachyli.....	℥ iv;	16.00 Gm.
Ol. oliv.....		

—*Translated from the French by L. S. Oppenheimer, M.D.*

BICARBONATE OF SODA is recommended by Dr. Giné, of Madrid, for acute tonsillitis. The powder is applied directly to the inflamed gland. Dr. G. claims that it is especially serviceable in aborting threatened attacks of tonsillitis. The applications are made frequently during the day.

For the same affection Dr. Delaporte prefers the following lotion:

Water	300 parts;
Glycerin	100 "
Cologne	75 "
Carbolate of soda.....	2 "

The lotion is applied as often as required by means of a small sponge.—*Ibid.*

PUNICINE (PELLETIERINE) TANNATE is constantly growing in favor as a taenfuge. Des Jardin Beaumetz reports that out of thirty-nine cases of tapeworm treated with punicine he had but two failures, while Laboullene, another French physician, employed the drug nineteen times, the parasite being expelled every time.—*Gehe Handlesbericht.*

Miscellany.

THE SIXTEEN COMMANDMENTS OF THE PARIS ACADEMY OF MEDICINE.—Translated by Dr. D. C. Holiday, for the New Orleans Med. and Surg. Journal.

The Academy of Medicine has condensed into the following sixteen propositions the most important hygienic rules for the care and management of infants. We reproduce them here with the sincere hope that all mothers and nurses will commit them to memory and observe them as faithfully as the ten commandments of holy writ:

I. During the *first year* the only suitable nourishment for an infant is its own mother's milk, or that of a healthy wetnurse. Suckling should be repeated every *two* hours—*less* frequently at night.

II. When it is impossible to give breast-milk, either from the mother or a suitable nurse, cow's or goat's milk given tepid, reduced at first one half by the addition of water slightly sweetened, and after a few weeks one fourth only, is the next best substitute.

III. In giving milk to an infant always use glass or earthenware vessels, not metallic ones, and always observe the most scrupulous cleanliness in their management, rinsing whenever used. Always avoid the use of teats of cloth or sponge so frequently used to appease hunger or quiet crying.

IV. Avoid carefully all those nostrums and compounds so liberally advertised as superior to natural food.

V. Never forget that artificial nourishment, whether by *nursing-bottle* or *spoon* (without the breast), increases to an alarming degree the chances of producing sickness and death.

VI. It is always dangerous to give an infant, especially during the first two months of its life, solid food of any kind—such as bread, cakes, meats, vegetables, or fruit.

VII. Only after the *seventh* month, and when the mother's milk is not sufficient to nourish the child, should *broths* be allowed. After the first year is ended then it is appropriate to give light broths or paps, made with milk and bread, dried flour, rice, and the farinaceous articles, to prepare for weaning. A child ought not to be weaned until it has cut its first twelve or thirteen *teeth*, and then only when in perfect health.

VIII. An infant should be washed and dressed every morning before being nursed or fed. In bathing a child temper the water to the weather, carefully cleanse the body, and especially the genital organs which require great cleanliness and care; and the head should be carefully freed from all scabs and crusts which may form. Where the belly-band is used it should be kept on for at least one month.

IX. An infant's clothing should always be so arranged as to leave the limbs freedom of motion and not to compress any portion of the body.

X. An infant's clothing should be studiously adapted to the weather, avoiding at all times exposure to the injurious effects of sudden changes in the temperature without proper covering; but nurseries and sleeping-apartments should invariably be well ventilated.

XI. An infant should not be taken into the open air before the fifteenth day after birth, and then only in mild, fair weather.

XII. It is objectionable to have an infant sleep in the same bed either with its mother or nurse.

XIII. No mother should be in too great a hurry to have a child walk, let it crawl and accustom itself to rising on its feet by climbing on articles of furniture or assisted by the arms of a careful attendant. Great care should be taken in the too early use of baby-wagons, etc.

XIV. No trifling ailments in infants, such as colics, frequent vomiting, diarrhea, coughs, etc., if persistent, should be neglected—a physician's advice should be at once obtained.

XV. In cases of suspected pregnancy, either of mother or nurse, the child should be weaned at once.

XVI. A child ought to be vaccinated after the fifth month, or earlier should smallpox be prevalent.

RELATIVE MORTALITY AMONG WHITE AND COLORED RACES.—In his annual report for the past year the mayor of Savannah draws attention to the great disparity in the percentage of mortality among the white and colored races. The annual rate for one thousand whites for the year 1880 was 19.85, and for one thousand colored, 45.47; these rates being calculated on the United States census tables during the same year. In the mayor's opinion the disparity is due to a want of observance of the laws of public hygiene, and to neglect on the part of many of the lower class of colored persons in ministering to the necessities of the sick.—*Lancet and Clinic.*

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE. OCTOBER 1, 1881, TO DECEMBER 31, 1881.

Hebersmith, Ernest, Surgeon. Relieved from duty at San Francisco, Cal., and placed on waiting orders. November 7, 1881. Relieved from waiting orders. November 26, 1881.

Vansant, John, Surgeon. Granted fourteen days leave of absence. October 18, 1881. To proceed to San Francisco, Cal., and assume charge of the Service at that port. November 8, 1881.

Miller, T. W., Surgeon. Granted leave of absence for seven days. October 6, 1881.

Purviance, George, Surgeon. To proceed to Boston, Mass., and assume charge of the Service at that port. November 8, 1881.

Austin, H. W., Surgeon. To proceed to Galveston, Indianola, Corpus Christi, and Brownsville, Texas, as inspector. October 17, 1881.

Fisher, J. C., Passed Assistant Surgeon. To proceed to Yorktown, Va., as inspector. October 14, 1881. Detailed as member of Board for the examination of keepers and crews of the Life Saving Service, Third District. November 18, 1881.

Goldsborough, C. B., Passed Assistant Surgeon. Detailed as member of Board for the examination of keepers and crews of the Life Saving Service, Fifth and Sixth Districts. November 2, 1881.

O'Connor, F. J., Assistant Surgeon. Granted leave of absence for fifteen days on account of sickness. December 23, 1881.

Guiteras, John, Assistant Surgeon. Granted leave of absence for ten days. December 5, 1881.

Benson, J. A., Assistant Surgeon. Granted leave of absence for twenty-one days. December 7 and 21, 1881.

Banks, C. E., Assistant Surgeon. To assume temporary charge of the Service at San Francisco, Cal., until the arrival of Surgeon Vansant. November 7, 1881.

Carmichael, D. A., Assistant Surgeon. To proceed to Baltimore, Md., for temporary duty. November 2, 1881. To rejoin his station (New York) and thence proceed to Pittsburgh, Pa., and assume charge of the Service at that port. November 18, 1881.

Bennett, P. H., Assistant Surgeon. To proceed to Boston, Mass., for temporary duty. October 21, 1881.

Peckham, C. T., Assistant Surgeon. To report for temporary duty to Surgeon-in-charge, Boston, Mass. October 21, 1881. To proceed to Vineyard Haven, Mass., for temporary duty. November 4, 1881. To rejoin his station (Boston) and thence proceed to New York, reporting for duty to Surgeon-in-charge. November 9, 1881.

Ames, R. P. M., Assistant Surgeon. To proceed to St. Louis, Mo., for temporary duty. October 21, 1881. To proceed to Evansville, Ind., for temporary duty. December 24, 1881.

Devan, S. C., Assistant Surgeon. To proceed to San Francisco, Cal., for temporary duty. October 21, 1881.

Urquhart, F. M., Assistant Surgeon. To report for temporary duty to Surgeon-in-charge, New York, N. Y. October 21, 1881.

Appointments.—The following candidates, having passed the examination required by the Regulations, were appointed Assistant Surgeons by the Secretary of the Treasury, October 20, 1881: Philo H. Bennett, M.D., of New York; Cyrus T. Peckham, M.D., of Massachusetts; Rob't P. M. Ames, M.D., of Pennsylvania; Spencer C. Devan, M.D., of Missouri; and Francis M. Urquhart, M.D., of New York.

EAR* OF CORN DISCHARGED THROUGH THE CHEST.—Before the London Pathological Society Samuel Wilks, M.D., etc., gave the particulars of this case. The patient was a little girl, aged ten. When he first saw her he found over the suprascapular region a boggy swelling. The pulmonary physical signs were normal. A grooved needle was introduced and a little air and pus escaped. After poulticing for some time an ear of corn escaped. The only symptoms had been a little cough. There were but few such cases on record; Sir Thomas Watson mentioned several which were all fatal. A somewhat similar case had been recently recorded in America, which terminated in recovery. Dr. Goodheart had made a post-mortem examination on two cases of gangrene of the lungs, in which he had found a piece of bone in one of the bronchi; in neither case were there any symptoms pointing to the occurrence of such an accident. He thought it an important point to note that such an event could occur without producing at the time violent symptoms of dyspnea. Dr. Norman Moore pointed out that the ears of some species of grass had a power of rotatory motion, and suggested that this might account for the transference of the ear of corn in this case. Mr. Eve mentioned a case in which the ferule of an umbrella entered the bronchus and was followed by phthisis.—*British Med. Journal.*

HYSTERIA.—When called to treat a young girl with a hysterical attack, there are three things which you had better do: (1) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do any thing else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly, take a good-sized lump of ice and press it right down on the nape of the neck. This produces quiet by its powerful impression upon the whole nervous system.—*Dr. Wm. Goodell, in Clinical News.*

*A spike of small grain, as wheat or barley, is probably what the author here alludes to.

Selections.

Lead-poisoning.—An interesting communication on the continuous absorption of lead in our daily food has been presented to the Paris Academy of Medicine by M. Armand Gauthier. . . . He arrived at the conclusion that the daily consumption of alimentary substances preserved in tin cases soldered with lead alloys introduces very appreciable quantities of lead in a continuous manner into the animal economy. He found that the aliments which were the most heavily loaded with the toxic element were substances rich in fatty matters, and especially fish—notably those preserved in oil. The vegetables only contained very minute quantities of lead. Meat takes up very varying doses of lead; these being greatest when the soldered surfaces are extensive, and when the alloy with which they are in contact contains more lead, and when the substance preserved is of a fatty nature. Potable waters, by remaining in leaden reservoirs or even in lead pipes, dissolve a small portion of the metal. They may be drunk with perfect safety when they have only passed through lead conduits without having had the opportunity of becoming mixed with the air therein contained. The so-called seltzer waters—that is to say, those artificially charged with carbonic acid—may contain extremely varying quantities of lead, which are larger when the vessels in which they are contained have been kept lying down. Beverages and acid condiments, especially white wines and vinegar, slowly absorb a minute quantity of lead compounds from the sides of the glass bottles in which they are contained.

M. Gauthier laments the fact that lead invades us at every point, envelopes us, and penetrates into the animal economy. He points out that our dwellings are painted with white lead, which, however, is far from being necessary; that our furniture is occasionally coated with the same material; that the materials with which we clothe ourselves, and the foot-coverings we wear, are frequently impregnated with preparations of lead. Our culinary utensils are covered with an alloy of lead; our earthenware vessels are varnished with a boro-silicate of lead; our glass utensils contain from 40 to 100 per cent of their weight of the oxide of the same obnoxious metal. M. Gauthier is of opinion that this condition of things contains a true latent and insidious danger, which from the poisonous nature of lead, and in some cases the intolerance shown to this metal even in small doses, becomes certain and continuous. This danger becomes more definite in the case of certain preserved foods than in others; for instance in fatty substances, which may contain large amounts of the metal. M. Gauthier thinks that these particular forms of tinned food may be accompanied by considerable danger. He owns that no cases of death from poisoning by the use of tinned provisions, or of water conducted through lead pipes, have yet been recorded, and that it may be argued that small doses of lead are doubtless only partially assimilated and partially tolerated by the animal economy; so that there is really no necessity to give any attention to a substance of which the effects from small doses are not evident. To these objections, however, he answers that the small doses of lead which are found in much of our daily food accumulate into a weight worthy of notice. The very smallness of these doses insures the absorption of the poison. Lead in all its forms—carbonate, sulphate, oxide, etc.—is assimilable; and it is now demonstrated that even in minute quantities none of these insoluble combinations can be indefinitely introduced into our organs (whence they are only eliminated with the very greatest difficulty) without influencing them unfavorably, and bringing on a certain deterioration. M. Gauthier further insists that lead is a metal the more to be distrusted because its first effects are slow, obscure, insidious, and easily confounded with those of other debilitating agents. He points out the length of time during which the cause of the dry colic of Poitou, and of the colic of hot countries, has been under discussion. Likewise, if the effects of lead, taken even in very small doses, may sometimes manifestly break out with all the symptoms of a confirmed lead-poisoning; nevertheless, as a rule, it is necessary that a considerable dose of the toxic agent must be absorbed in order to produce these acute or chronic poisonous effects. M. Gauthier says that as a result of his observations on workmen in lead-works, and from the facts embodied in his report, he has arrived at the conclusion that the toleration of the animal economy for lead and its preparations is variable, and that daily absorption of lead may continue to an almost indefinite extent without bringing on these classic accidents of lead-poisoning which alone are held to be characteristic.

In this point of view M. Gueneau de Mussy's very instructive observation gives very important numerical information. At the château of Claremount thirteen persons out of thirty-eight who had drunk the same water impregnated with lead were poisoned. This water contained fourteen milligrams (about 0.2 gr.) of lead per pint. Taking as a minimum the consumption of each of the inhabitants of the Château as a pint of water daily it is seen that twenty-five persons out of thirty-eight, or sixty-six per cent, were able to absorb fourteen milligrams of lead daily without being noticeably poisoned. M. Gauthier believes that even this limit may be exceeded. He states that he has seen in the Parisian lead and minium works overseers who had lived for years in a medium loaded with lead-dust, which they absorbed by the mouth, the nostrils, and the cutaneous surface, and who had never shown symptoms of confirmed lead-poisoning, such as colic, affection of the brain, lead-palsy, etc. They none the less, however, showed that *ensemble* of symptoms which has been noted at the outset of lead-poisoning, but which is also found in the course of a number of poisonings of metallic origin, or from very various diseases, such as cancer, chronic affections of the liver, remittent and intermittent fevers, etc.—when the phenomena of assimilation and of the reproduction of the tissues are enfeebled, and organic life is weakened; such as a high degree of anemia, with anorexia and frequent dyspepsia, emaciation, pale or earthy color of the skin, depression of muscular power, and sleeplessness. These are the principal symptoms which denote the suffering condition of the animal economy before the lead-poisoning proper declares itself. Their cause in workmen who manipulate lead is patent, but they would remain very obscure if their antecedents were not known. M. Gauthier therefore asks if these signs are found wanting in the midst of those populations who, as he has pointed out, have for some years past adopted an alimentation and habits, whence unavoidably results the coutinuous absorption of small doses of lead in their daily food. He asks if it is prudent to persist in these practices, and insists that the incessant repetition of this cause of weakening of the animal economy can not be harmless, and should not be neglected.

In the great majority of cases of lead-poisoning the lead penetrates by the lung, but more especially by the digestive-tube. It is there dissolved as a chloride and an albuminite, and penetrates into the animal economy by the intestinal capillaries. If it be not in too large a proportion it passes through the liver and reaches the blood, whence it is diffused through the various organs. When there is little of it it is soon eliminated by the urine, the skin, the mucous membrane, and the epithelium—not without having injuriously affected the animal economy in the same manner as all toxic substances. This abnormal condition shows itself by the comparatively slight symptoms which have already been described. The signs of poisoning by small doses, such as we absorb every day, are thus limited to those already pointed out. But if these doses be increased the lead is partially deposited on the mucous coats of the stomach and intestines, which it slowly penetrates as by imbibition, inducing by its presence an irritative process, which may end in sclerosis, while the smooth fibers of the intestine slowly undergo a state of fatty degeneration at several points, according to Kussmaul and Meyer. The portion which does not become attached to the digestive tube reaches the liver, becomes partly deposited there under the form of albuminates or insoluble biliary salts, and produces the hepatic retraction pointed out by M. Potain—a phenomenon attributed to the spasmodic contraction of the vessels. Another portion of the lead, which the liver has not been able to arrest in its passage, penetrates into the blood, and thence into the nervous system, which assimilates a portion of the poison, and of which the injury is made manifest by cerebral symptoms, insomnia, hyperesthesia, and lead-palsy, finally locating itself in the bones. It is so much the more slowly eliminated from these various organs, in so far as the dose of poison in penetrating more deeply into them has diminished their intolerance of it and their power of elimination, by acting on the central nervous system, the *ensemble* of the vital functions; and by altering the intimate structure of the kidneys partially prevents the extremely important elimination of the poison by the urine. It is in this manner that the lead accumulates in the animal economy; but M. Gauthier does not believe that it is retained there, as some have asserted, up to the time when the dose of poison becomes sufficient to provoke the explosion of the lead-poisoning. The facts of daily and continuous absorption of a considerable dose of lead without distinctly characteristic symptoms even at the end of a long period of time are absolutely opposed to this theory. So long as the quantity of lead which remains unassimilated remains equal to that daily absorbed, lead-poisoning, properly so-called, does not make its appearance. The lead circulates slowly, becoming assimilated and eliminated in nearly equal quantities, until the day when an increase of poison, an arrest in the elimination, an affection of the kidney, a weakening of the vital reactions, an exhaustion of the tolerance of the animal economy, allow the phenomena of acute or chronic lead-poisoning suddenly to declare themselves.—*Brit. Med. Jour.*

Gastrostomy for Cancer.—Gastrostomy has become a recognized operation in surgery, and cases have frequently been recorded in the pages of this journal. Its history has been dwelt upon before, and need not to be discussed anew. By far the largest quota of cases of gastrostomy is furnished by cancer of the esophagus, and the question may naturally be raised as to its suitability and results in that disease now that so much experience has been gained. The statistics of such cases are certainly not encouraging, the mortality that has ensued within a week of the operation being very large. It is important, however—and this is a point that is sometimes overlooked—to determine what share in this mortality is to be attributed to the operation itself and what to the disease it is intended to palliate. Undoubtedly peritonitis has been the cause of many deaths, particularly in the earlier cases—a peritonitis directly or indirectly due to the operation, and favored perhaps by the lowered vitality of the subject. But peritonitis is being fast eliminated from abdominal surgery, owing to the enforcement of special precautions; and as regards this particular operation the modifications that have been introduced, notably by Mr. Howse, have been successfully directed against the accidents likely to occur. Such modifications require time—the lapse of some days between the preliminary attempt to unite the stomach to the parietes and the opening of the viscus; and time in some of these cases *is* a consideration, so that the risk of peritonitis has to be run in the attempt to avert death from starvation. As it has been often pointed out, surgical intervention comes at so late a stage of the disease and when the patient is so much reduced that his days are literally numbered.

The table furnished by Mr. Golding Bird illustrated this, for it pointed to the fact that the duration of life after gastrostomy was inversely proportional to the duration of the dysphagia—or, in other words, to the advance made by the disease to more or less complete closure of the gullet. In the presence of such cases the physician may well hesitate to urge and the surgeon to act, knowing that the time for relief is well-nigh passed; but one can not reasonably deny them the right to counsel or perform the operation. There is at least a *chance* of prolonging a life, of restoring for a short time some vitality to the exhausted frame, and it is wrong to withhold any measure which offers a probability of such relief, however remote. True, it subjects the patient to the additional risk of peritonitis, but, as just said, modern surgery regards peritonitis almost as a reproach on its efficiency, and it is a risk which must not be allowed to turn the scale against the justifiability of operations of this class. Had the dread of peritonitis been suffered to deter surgeons ovariotomy would never have been established, and abdominal section never have been entertained. In many points indeed gastrostomy in desperate cases stands on the same footing as abdominal section in intestinal obstruction. In each case the surgeon does his work in the hope of prolonging a life, in the latter case perhaps of saving it; and if abdominal section has any greater justification than gastrostomy it is solely because the issue at stake is greater.—*London Lancet.*

Operation in Cases of Diseased Joints Where Phthisical Symptoms Exist.—J. Mulvany, M.D., cites in the London Lancet the following cases, inasmuch as they markedly exemplify that removal of the local disease, with its concomitants of pain, exhausting discharges, and emissive radii of irritation, and perhaps septicism, exercise a most beneficial influence on the phthisical state, checking its progress and staying amyloid changes, though not effecting their total eradication.

Ankle-joint. In 1866 I excised the ankle-joint in a gentleman, aged twenty-nine, at Dunnville, Ont., for

disease resulting from compound dislocation. In this case there was well-marked hectic, night-sweats, and signs of incipient tuberculosis in both apices. The disease had passed beyond the limits of the ankle and involved an unusual amount of bone; both malleoli, a portion of tibia, the astragalus, and half of the os calcis and a portion of the scaphoid were removed. The pulmonary symptoms disappeared soon after the operation, and in summarizing the points of interest pertaining to the case I remarked (*vide* the Lancet, November 6, 1869) as follows: "Thirdly. The disappearance of the hectic and the complete recovery without a bad symptom, attributable in my opinion to the thorough extirpation of the diseased structures." The pulmonary affection, I regret to say, recurred in this case, and carried him off a few years sgo.

Elbow-joint. In 1876 I excised the elbow-joint in an Indian named Wm. B., aged sixteen, a native of Terra del Fuego, when stationed in the Falkland Islands. The boy belonged to the South American Missionary Station, and was sent to me by its local principal. He was highly scrofulous, and the disease of the joint and neighboring bones was so extensive that I feared for a long time amputation would have been required, an opinion which had been formed some time previously by the surgeon of a Chilian hospital. He had decided pulmonary complications; there was dullness beneath the clavicles, elevated temperature, prolonged expiration, crackling, a most harassing cough, all of which entirely disappeared in a few months after the operation. Among the compatriots of this youth phthisis occurring in a scrofulous subject runs a very short course. This was exemplified in the case of a comrade of the patient, who had a scrofulous elbow also. He came to the Falkland Islands for advice, and left on the day I arrived, but his elbow was shown to me on his way to embark; it was enlarged, doughy, and semi-fluctuating. In less than three months he died from tuberculosis. Wm. B. is still in the land of the living, but has lately become the subject of some constitutional disease, the nature of which I have not been made aware of, but I fear it is phthisis.

Hip-joint—Amyloid—Scrofula. In 1877 I excised the hip for a young woman, Mrs. B., aged nineteen, residing in Stanley, Falkland Islands. Her system was markedly scrofulous, and there was reason to apprehend that amyloid changes were in progress. Two large saucerfuls of pus were discharged daily from the hip and its vicinity for many months. Hectic was confirmed and of long standing. The sleep was unrefreshing; delirium occurred toward morning, and she was not always collected by day; aphthæ were present on the tongue and lips, and the debility was so great she could not move the sound leg. The urine had become albuminous, and had a dirty tobacco-juice appearance. These symptoms entirely passed away very soon after the operation, and in eighteen months she was fat, strong, and rosy. I regret to say I have recently been apprised of her death, but not of its cause.

Poisoning by Iodoform.—The application of large quantities of powdered iodoform to granulating surfaces does not seem to be as harmless as has been hitherto supposed. Since the recommendation by Mikulicz German surgeons have applied iodoform in large quantities to the wounds caused by resections and carious cavities, with no untoward results. But two deaths are now reported by Dr. Henry (*Deutsche Medicin. Wochenschrift*), not referable to any thing but iodoform-poisoning. One was an extended resection of the elbow on account of fungous synovitis, with intra-muscular abscesses in a man fifty-seven years of age. After the operation the entire cavity was packed with about one hundred and fifty to two hundred grams of iodoform, a quantity no larger than has often been employed. The operation had been performed antiseptically. The patient became somewhat excited and even delirious within a day; subsequently remarkably quiet. He stayed in bed with open eyes, indifferent to his surroundings, and evidently misunderstanding questions asked him. Food was taken when handed him, and scanty urine passed in bed. This state increased. The temperature remained normal, but the pulse was frequent and small. The sinking in of the abdomen and stiffness of the occipital muscles gave the appearance of tubercular meningitis. The patient died on the fifth evening in deep coma, with symptoms of pulmonary edema. The only anomalies of consequence revealed by the post-mortem were fatty degeneration of the heart, kidneys, and liver. A second case died under similar circumstances, with the same symptoms and lesions. Cerebral depression and muscular weakness are the symptoms produced by iodoform-poisoning in animals. When these appeared the dressing was removed, but without stopping the course of the poisoning. The urine was diminished in quantity and contained no albumen during life, but large quantities of iodides. The author advises caution in the use of large quantities of the substance, especially in old and feeble individuals.—*Chicago Med. Review.*

Treatment of Post-partum Hemorrhage.—Dr. John Bassett writes to the British Medical Journal that his rule is to submit patients who are liable to flood to a course of treatment extending over one or two months preparatory to delivery; to give iron in combination with an alkali where the patient is thin and unable to digest much fatty food, and with an acid when the patient is stout or the body covered with fat. Before the introduction of the treatment by Dr. Barnes of the perchloride injection we had to rely upon pressure, cold, and ergot. Dr. Bassett found on many occasions that pressure of the abdominal aorta by the forefinger of the right hand was the easiest and quickest method of checking the hemorrhage; and that pressure and friction of the uterus threw it into a state of spasm, which expelled the clots, and permitted the flooding to go on unchecked. In such cases ergot and opium were given in combination or alternately with the greatest success. In other cases cold seemed to effect the desiderated uniform and regular contraction of the uterus. . . . As regards the general question of post-partum hemorrhage it may be described broadly and briefly as arising from two causes. First, certain circumstances which occur during the process of parturition give rise to it; secondly, certain conditions existing in the mother's system are known to cause it, arising from malnutrition or the retention of effete products, producing an alteration in the chemical and physical properties of the blood, a defective or deranged action of the nervous system, and a want of tone and power in the muscular fibers of the uterus. The first of these causes is to be combated by attention to the details of delivery, and the second by putting the patient in a healthy state before parturition by preparatory treatment.

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